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Motorola, Inc.

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Number of Pages (including this page)

Date:

July 29, 2005

Examiner: Carl G. Colin

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To:

Art Unit: 2136

OIPE/IAP

Location:

United States Patent and Trademark Office

AUG 0 1 2005

571-273-8300

Fax No.:

Attorney: Lawrence T. Cullen

Reg. No. 44,489

From:

Serial No. 09/765,108 Filed: 01/16/2001

Docket No. D02538

Subject:

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## MESSAGE:

Enclosed herewith, please find Petition for One Month Extension of Time Under CFR 1.136(a) Fee Transmittal, Response to final Office Action mailed on April 22, 2005, and Revocation of Power of Attorney and Appointment of New Power of Attorney with Statement Under 37 CFR 3.37(b) for filing in the below-identified application.

## PLEASE GIVE THESE PAPERS TO:

**EXAMINER:** 

Carl G. Colin

GROUP ART UNIT:

2136

ATTORNY DOCKET NO.:

D02538

FEE TRANSMITTAL FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL ANOUNT OF PAYMENT  (\$) 120  Attorney Docket No.  D02538  JUL 2 9 7U)  METHOD OF PAYMENT (check all that apply)  Check Credit card Money Order None Other (please Identify):  Check Credit card Money Order None Other (please Identify):  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments information and authorization on PTO-2038.  WARNING: Information on this form may become public. Credit card information about not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIG FILING, SEARCH, AND EXAMINATION FEES FILING FEES  Small Entity  Application Type Fee(5) Fee(6) Fee(5) Fee(	Effective on 12/08/2004				Complete if Known							
FEE TRANSMITTAL Filing Date    Applicant claims small entity status. See 37 CFR 1.27   Applicant claims small entity status. See 37 CFR 1.27   Examiner Name	Fees pursuant to the Consoldisted Appropriations Aql. 2005 (H.R. 4818)											
First Named Inventor  Applicant claims arreil entity eletus. See 37 CFR 1.27  Examiner Name  Carl G. Colin CENTRAL FAX CETIVED  TOTAL AMOUNT OF PAYMENT  (\$) 120  Attorney Docket No.  DD2538  JUL 2 9 20)  METHOD OF PAYMENT (check all that apply)  Check Credit card Money Order Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Small Entity Small Entity Small Entity Fee Si	FEE TRANSMITTAL			Filing D	Filing Date			<del></del>				1
Applicant claims armall entity etatus. See 37 CFR 1.27  Group Art Unit 2138  TOYAL AMOINT OF PAYMENT (\$) 120 Attorney Docket No. D02538 JUL 2 9 Z0)5  METHOD OF PAYMENT (check all that apply)  Check Credit card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502117 Deposit Account Name: MOTOROLA, INC. For the above-identified deposit account, the Director is hereby authorized to (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Under 37 CFR 1.18 and 1.17  WARNING: information on the from may become public. Credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type Fee (S) Fe	For FY 2005											
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Check   Credit card   Money Order   None   Other (please identify):	TOTAL AMOUNT OF PAYME	(T (	\$) 120		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		T		JUL	9	0 20	<b>b</b> 5
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Charge fae(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES  Small Entity  Small Entity  Small Entity  Small Entity  Application Type Fee (S)  Plant 200 100 300 150 500 250 200 100  Design 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each independent claim over 20 and more than in the original potent 5each independent claim over 20 or for Reissues, each independent claim more than in the original potent 360 180  Indicated Payment Pa	For the above	e-identified	deposit account, the	Director	is hereby autho	arre. W	o: (che	roca, inc. rck all that an	nlv)			
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Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   Fee Paid (\$)    Indep. Claims   -3 or HP=                        HP=highest number of total claims paid for, if greater than 20                Indep. Claims   -3 or HP=                  HP=highest number of Independent claims paid for, if greater than 3        3. APPLICATION SIZE FEE: If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).      Indep. Claims   Fee Paid (\$)      Indep. Claims   Fee Paid (\$)      Indep. Claims   Fee Paid (\$)      Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)    Indep. Claims   Fee Paid (\$)	⊨ach independent claim over 3 or. for Reissues, each Independent di				alaim more than in the original patent							
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3. APPLICATION SIZE FEE:  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100 =   /50 =     Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid(\$)    4. OTHER FEE(\$)  Petition for 1 Mo Extension of Time   \$120  Complete (if applicable)	L		1 - 1									ĺ
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